

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>11/01/2018</u> and ending <u>10/31/2019</u>
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____	
B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>11/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>11/01/1970</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORDSON CORPORATION</u> <u>28601 CLEMENS ROAD</u> <u>WESTLAKE, OH 44145</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0590250</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-892-1580</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0590250</u>	2c Plan Sponsor's telephone number <u>440-892-1580</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>34-0590250</u>					
2c Plan Sponsor's telephone number <u>440-892-1580</u>					
2d Business code (see instructions) <u>333200</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2020	KATHLEEN M. KENNEDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2020	RAYMOND CUSHING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 425
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 40 6a(2) 36 6b 217 6c 123 6d 376 6e 42 6f 418 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORDSON CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0590250</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>37480754</u>	
b Actuarial value	2b	<u>39664071</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>254</u>	<u>20387813</u>	<u>20387813</u>
b For terminated vested participants	<u>131</u>	<u>4596866</u>	<u>4596866</u>
c For active participants	<u>40</u>	<u>6607541</u>	<u>6692827</u>
d Total	<u>425</u>	<u>31592220</u>	<u>31677506</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.59 %</u>	
6 Target normal cost	6	<u>225162</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>08/04/2020</u>
<u>GREGORY H. REYNOLDS</u>		Date
	Type or print name of actuary	<u>20-06401</u>
<u>AON CONSULTING, INC.</u>		Most recent enrollment number
	Firm name	<u>216-573-9700</u>
<u>5005 ROCKSIDE ROAD</u> <u>INDEPENDENCE, OH 44131</u>		Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6866036
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		6866036
10 Interest on line 9 using prior year's actual return of <u>-3.62</u> %		-248551
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		361907
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.80</u> %		20991
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		382898
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	6617485

Part III Funding Percentages

14 Funding target attainment percentage	14	104.32%
15 Adjusted funding target attainment percentage	15	125.21%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.73%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	225162	
b Excess assets, if applicable, but not greater than line 31a	31b	225162	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOGAN CIRCLE PARTNERS, LP

20-8262386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		43761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		28420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		28265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	TRUSTEE	27405	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		14351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHAMPLAIN INVESTMENT PARTNERS LLC

20-1367417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		8953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17		6051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	004
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250
---	---

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NORDSON CORP PENSION INV. TRUST

b Name of sponsor of entity listed in (a): NORDSON CORPORATION

c EIN-PN 34-0590250-019	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43061442
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	158807	162325
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	190500	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	44273	33819
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	37087586	43061442
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	37481166	43257586

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	37481166	43257586
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1825	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1825
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7877393
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7879218

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1925761	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1925761
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	55670	
(2) Contract administrator fees.....	2i(2)	17597	
(3) Investment advisory and management fees.....	2i(3)	93934	
(4) Other	2i(4)	9836	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		177037
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2102798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5776420
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4218495. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan <u>NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORDSON CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0590250</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>80-0709115</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NORDSON CORPORATION
HOURLY-RATED EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

October 31, 2019 and 2018

INDEX

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Retirement Committee, and Participants
Nordson Corporation Hourly-Rated Employees Pension Plan
Westlake, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Nordson Corporation Hourly-Rated Employees Pension Plan ("Plan"), which comprise the Statements of Net Assets Available for Benefits as of October 31, 2019 and 2018, and the related Statements of Changes in Net Assets Available for Benefits for the years ended October 31, 2019 and 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company and John Hancock Trust Company LLC (the Trustees of the Plan), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Trustees as of October 31, 2019 and 2018, and for the years ended October 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of October 31, 2019 and Schedule of Reportable Transactions for the year ended October 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

August 6, 2020

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Nordson Corporation Hourly-Rated Employees Pension Plan

	October 31	
	<u>2019</u>	<u>2018</u>
ASSETS		
Cash	\$ 162,325	\$ 158,807
Investments - at Fair Value:		
Plan interest in Master Trust	43,061,442	37,087,586
Wells Fargo Advantage Government Money Market Fund	<u>33,819</u>	<u>44,273</u>
Total Investments	43,095,261	37,131,859
Receivable - employer contributions	<u>-</u>	<u>190,500</u>
Total Assets	43,257,586	37,481,166
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 43,257,586</u></u>	<u><u>\$ 37,481,166</u></u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Nordson Corporation Hourly-Rated Employees Pension Plan

	Year Ended October 31	
	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed to:		
Employer contributions	\$ -	\$ 381,000
Investment Income:		
Interest income	1,825	1,636
Net investment gain (loss) from Master Trust	<u>7,877,393</u>	<u>(1,197,169)</u>
Net Investment Income (Loss)	7,879,218	(1,195,533)
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,925,761	1,796,740
Administrative expenses	<u>177,037</u>	<u>194,159</u>
Total Deductions	<u>2,102,798</u>	<u>1,990,899</u>
Net Increase (Decrease)	5,776,420	(2,805,432)
Net Assets Available for Benefits:		
Beginning of the year	<u>37,481,166</u>	<u>40,286,598</u>
End of the year	<u>\$ 43,257,586</u>	<u>\$ 37,481,166</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

1 Description of Plan

The following description of the Nordson Corporation Hourly-Rated Employees Pension Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1970, is a defined benefit plan covering substantially all domestic hourly-rated full-time employees of Nordson Corporation (Company) who are covered under a collective bargaining agreement. Employees hired subsequent to November 1, 2004 are not eligible to participate in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2018 the Plan was amended to modify the process for handling claims and appeals.

Funding Policy:

The Company's funding policy for the Plan is to contribute, over time, an amount at least equal to the minimum contribution required by law. The Company's contributions for 2019 and 2018 comply with the minimum funding requirements.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investment Valuation:

The fair value of the Plan's interest in the Nordson Corporation Pension Investment Trust ("Master Trust") is based on the beginning of the year value of the Plan's investment in the Master Trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. See Note 7 for descriptions of investment valuation within the Master Trust.

Investments in money market funds are valued at the market price on the last business day of the Plan year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains or losses on sales of securities represent the difference between net proceeds and carrying value determined using the average cost method.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered prior to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, or (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on credited service. The accumulated Plan benefits for active employees are based on credited service to the valuation date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

Payment of Benefits:

Participants are vested after five years of service. Monthly retirement benefits are calculated on an ascending scale based on years of service. Benefits are reduced for early retirement. Benefit payments to participants are recorded upon distribution.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A full description of the defined benefit plan termination priorities is available in the Plan document.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Master Trust invests in various investments, as described in Note 7. These investments are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Recent Accounting Pronouncements:

During 2019, the Plan adopted ASU 2017-06, Employee Benefit Plan Master Trust Reporting, which clarifies presentation requirements for a plan's interest in a master trust and requires more detailed disclosures of the plan's interest in the master trust. The amendments in this update were retrospectively applied to each period presented in the financial statements.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 6, 2020, which is the date the financial statements were available to be issued.

3 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated June 1, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has amendments subsequent to those covered in the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

3 Tax Status, Continued

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of October 31, 2019, there were no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Accumulated Plan Benefits

The present value of vested benefits under the Plan and the accrued benefits not vested were calculated by consulting actuaries based on personnel information provided by the Company as of the valuation date. Accrued benefits are estimated actuarially using the standard unit credit cost method.

The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 19,874,715
Other participants	10,861,943
	30,736,658

Non-vested benefits	68,102

Actuarial present value of accumulated Plan benefits at November 1, 2018	<u>\$ 30,804,760</u>
--	----------------------

The changes in accumulated Plan benefits between the two valuation dates were as follows:

Actuarial present value of accumulated Plan benefits at November 1, 2017	\$ 31,143,863
Increase (Decrease) During the Year Attributable to:	
Benefits accrued	155,222
Plan experience	(479,294)
Benefits paid	(1,693,036)
Interest	1,818,581
Change in actuarial assumptions	(140,576)
	(339,103)
Actuarial present value of accumulated Plan benefits at November 1, 2018	<u>\$ 30,804,760</u>

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

4 Accumulated Plan Benefits, Continued

Plan experience typically results from participants retiring earlier or later than expected, and demographic changes that are more or less than anticipated.

The decrease attributable to the change in actuarial assumptions is primarily due to the changes in the retirement rates and the mortality rates used.

Significant assumptions underlying the actuarial computations are:

Mortality basis - healthy lives - the RP-2006 Mortality Table for employees and healthy annuitants (projected generationally from 2006 using Scale MP-2018).

Mortality basis - disabled lives - the RP-2006 Mortality Table for disabled retirees (projected generationally from 2006 using Scale MP-2018).

Discount rate - 6.00%

Retirement - According to the following schedule:

Age	Rate
55 - 59	0%
60	6%
61	5%
62	46%
63	22%
64	11%
65	50%
66	50%
67-69	20%
70	100%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees (The Northern Trust Company and John Hancock Trust Company LLC):

	<u>2019</u>	<u>2018</u>
Cash	\$ 162,325	\$ 158,807
Investments, at fair value	\$ 43,095,261	\$ 37,131,859
Interest income	\$ 1,825	\$ 1,636
Net investment gain (loss) from Master Trust	\$ 7,877,393	\$ (1,197,169)

6 Fair Value Measurements

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be reported at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

The standard also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The standard establishes three levels of inputs that may be used to measure fair value:

- * Level 1: Quoted prices in active markets for identical assets or liabilities;
- * Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability;

- * Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

6 Fair Value Measurements, Continued

The Plan's investments, excluding the investment in the Master Trust, consists of a money market fund. The money market fund is a public investment vehicle that is valued with a net asset value ("NAV") of \$1. This NAV is a quoted price in an active market, thus this investment is classified within Level 1 of the hierarchy.

Investments, excluding investment in the Master Trust, measured at fair value on a recurring basis consisted of the following types of instruments as of October 31, 2019:

Fair Value Measurements Using Input Type:				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	<u>\$ 33,819</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,819</u>

Investments, excluding investment in the Master Trust, measured at fair value on a recurring basis consisted of the following types of instruments as of October 31, 2018:

Fair Value Measurements Using Input Type:				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	<u>\$ 44,273</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 44,273</u>

The preceding table does not include the Plan's interest in the Master Trust because that information is presented in Note 7.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

7 Interest in Master Trust and Net Investment Gain (Loss)

Investments of the Plan are included in the Master Trust on a commingled basis with investments of the Nordson Corporation Salaried Employees Pension Plan, the Retirement Plan of Xaloy Incorporated, and the Xaloy Incorporated Retirement Plan. The net assets of the Master Trust at October 31, 2019 and 2018 are as follows:

	<u>2019</u>		<u>2018</u>	
	<u>Total Master</u>	<u>Plan's Interest</u>	<u>Total Master</u>	<u>Plan's Interest in</u>
	<u>Trust</u>	<u>in Master Trust</u>	<u>Trust</u>	<u>Master Trust</u>
U.S. Government securities	\$ 83,025,316	\$ 7,989,980	\$ 50,601,930	\$ 5,220,109
Short-term investments	5,153,426	495,942	1,145,092	118,128
Common stocks	26,462,959	2,546,675	23,889,699	2,464,468
Mutual funds	19,673,674	1,893,305	21,987,267	2,268,212
Bonds	156,658,164	15,076,072	128,747,273	13,281,604
Pooled investment funds	121,318,549	11,675,147	108,067,729	11,148,296
Real estate collective funds	34,066,033	3,278,361	23,108,799	2,383,910
Accrued interest and dividends	2,341,514	225,337	2,228,616	229,905
Unsettled sales and purchases	<u>(1,240,474)</u>	<u>(119,377)</u>	<u>(262,176)</u>	<u>(27,046)</u>
	<u>\$ 447,459,161</u>	<u>\$ 43,061,442</u>	<u>\$ 359,514,229</u>	<u>\$ 37,087,586</u>

The following is a description of the valuation methodologies used to measure fair value of assets held in the Master Trust:

U.S. Government Securities : U.S. Treasury bills reflect the closing price in the active market in which the security is traded and are classified within Level 1 of the hierarchy. Securities of U.S. agencies are valued using bid evaluations and are classified within Level 2 of the hierarchy.

Short-Term Investments : Short-term investments consist of a money market fund, which is a public investment vehicle that is valued with a NAV of \$1. This NAV is a quoted price in an active market, thus these investments are classified within Level 1 of the hierarchy.

Common Stocks : Common stocks are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

Mutual Funds : Mutual funds are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

7 Interest in Master Trust and Net Investment Gain (Loss), Continued

Real Estate Collective Funds: These funds are valued using the net asset value of the underlying properties. Net asset value is calculated using a combination of key inputs, such as revenue and expense growth rates, terminal capitalization rates and discount rates.

Pooled Investment Funds: These are public investment vehicles valued using the net asset value. The net asset value is based on the value of the assets owned by the fund, less liabilities. Participant transactions (purchases and sales) may occur daily. These investments are not quoted on an active exchange.

Bonds: Bonds are valued using evaluated prices. Because evaluated prices are based on observable inputs such as dealer quotes, bids and offers, these securities are classified within Level 2 of the hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value as of October 31, 2019:

	Fair Value Measurements Using Input Type:			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	\$ 13,094,121	\$ 69,931,195	\$ -	\$ 83,025,316
Short-term investments	5,153,426	-	-	5,153,426
Common stocks	26,462,959	-	-	26,462,959
Mutual funds	19,673,674	-	-	19,673,674
Bonds	-	156,658,164	-	156,658,164
Total Investments in the Fair Value Hierarchy	<u>\$ 64,384,180</u>	<u>\$ 226,589,359</u>	<u>\$ -</u>	<u>290,973,539</u>

Investments measured at Net Asset Value:

Pooled Investment Funds	121,318,549
Real Estate Collective Funds	34,066,033
Total Investments in the Master Trust at Fair Value	<u>\$ 446,358,121</u>

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

7 Interest in Master Trust and Net Investment Gain (Loss), Continued

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value as of October 31, 2018:

	Fair Value Measurements Using Input Type:			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	\$ 10,223,602	\$ 40,378,328	\$ -	\$ 50,601,930
Short-term investments	1,145,092	-	-	1,145,092
Common stocks	23,889,699	-	-	23,889,699
Mutual funds	21,987,267	-	-	21,987,267
Bonds	-	128,747,273	-	128,747,273
Total Investments in the Fair Value Hierarchy	<u>\$ 57,245,660</u>	<u>\$ 169,125,601</u>	<u>\$ -</u>	226,371,261

Investments measured at Net Asset Value:

Pooled Investment Funds	108,067,729
Real Estate Collective Funds	23,108,799
Total Investments in the Master Trust at Fair Value	<u>\$ 357,547,789</u>

At October 31, 2019 and 2018, the Master Trust did not hold any Nordson Corporation common stock.

Net investment gain (loss) for the Master Trust for the years ended October 31, 2019 and 2018 is as follows:

	2019	2018
Interest income	\$ 9,473,968	\$ 8,204,865
Dividend income	925,217	905,986
Net income from real estate collective funds	1,004,270	875,322
Net appreciation (depreciation) in fair value of investments	<u>67,667,240</u>	<u>(21,688,625)</u>
Net investment gain (loss)	<u>\$ 79,070,695</u>	<u>\$ (11,702,452)</u>

Investment gain (loss) is allocated based on the fair value of each plan within the Master Trust. The Plan's proportional share of the net assets of the Master Trust is \$43,061,442 or 10% of the total Master Trust at October 31, 2019, and \$37,087,586 or 10% at October 31, 2018.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

8 Financial Instruments

The investment managers of the Master Trust invest in futures contracts to buy or sell United States Treasuries at a future date for a specified price. Futures contracts are used primarily to mitigate exposure to changes in interest rates. At October 31, 2019, the Master Trust had contracts outstanding to sell Treasury bonds with a notional value of \$11,677,531. At October 31, 2018, the Master Trust had contracts outstanding to sell Treasury bonds with a notional value of \$23,134,484. The Master Trust accounts for these futures contracts at fair value, which is based on the current exchange closing price. Gains and losses on the contracts are settled daily. Changes in value of these instruments are included in Net investment income from Master Trust on the Statement of Changes in Net Assets. The Master Trust recognized net gains of \$2,611,926 (2019) and net losses of \$1,003,746 (2018) related to these contracts.

These instruments involve elements of credit and market risks. The daily settlement on the futures contracts serves to greatly reduce credit risk. The Master Trust enters into futures contracts on exchanges where the exchange acts as the counterparty, thus limiting the credit risk to the failure of the exchange.

9 Party-in-Interest Transactions

Certain investments held by the Master Trust are funds managed by The Northern Trust Company. A majority of the expenses with respect to the Plan were paid by the Master Trust and these expenses were allocated between the Plan and the Nordson Corporation Salaried Employees Pension Plan, the Retirement Plan of Xaloy Incorporated, and the Xaloy Incorporated Retirement Plan. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Nordson Corporation Pension Investment Trust	Master Trust	\$ 35,650,194	\$ 43,061,442
	Wells Fargo Advantage Government Money Market Fund	33,819 Shares, Money Market Fund	<u>33,819</u>	<u>33,819</u>
			<u>\$ 35,684,013</u>	<u>\$ 43,095,261</u>
*	Party-in-interest to the Plan.			

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets								
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,807	\$ -	\$ -	\$ 158,807	\$ 158,807	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,807	\$ -	\$ -	\$ 158,807	\$ 158,807	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,302	\$ -	\$ -	\$ 162,302	\$ 162,302	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,412	\$ -	\$ -	\$ 158,412	\$ 158,412	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Wells Fargo Advantage	Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ -	\$ 158,705	\$ -	\$ -	\$ 158,705	\$ 158,705	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ -	\$ 159,386	\$ -	\$ -	\$ 159,386	\$ 159,386	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ -	\$ 160,587	\$ -	\$ -	\$ 160,587	\$ 160,587	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
Wells Fargo Advantage	Government Money Market Fund	\$ -	\$ 160,587	\$ -	\$ -	\$ 160,587	\$ 160,587	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 161,518	\$ -	\$ -	\$ 161,518	\$ 161,518	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,019	\$ -	\$ -	\$ 162,019	\$ 162,019	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,652	\$ -	\$ -	\$ 162,652	\$ 162,652	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,326	\$ -	\$ -	\$ 162,326	\$ 162,326	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions of the same issue in excess of 5% of plan assets								
Wells Fargo Advantage								
	Government Money Market Fund	<u>\$ 1,921,955</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,921,955</u>	<u>\$ 1,921,955</u>	<u>\$ -</u>
Wells Fargo Advantage								
	Government Money Market Fund	<u>\$ -</u>	<u>\$ 1,934,234</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,934,234</u>	<u>\$ 1,934,234</u>	<u>\$ -</u>

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Plan Name	Nordson Corporation Hourly-Rated Employees Pension Plan.
Effective Date	Effective November 1, 1970. Restated to November 1, 2009.
Five Year History	Effective February 1, 2011 any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit. The monthly benefit multiplier was increased from \$40 to \$41 for employees who retire on or after November 4, 2013. The monthly benefit multiplier was increased from \$41 to \$41.50 for employees who retire on or after November 1, 2016.
Plan Year	November 1 through October 31.
Eligibility	Any individual who is in full-time service as an hourly-rated employee, covered by a collective bargaining agreement, and hired prior to November 1, 2004.
Normal Retirement Eligibility	Age 65.
Benefits	Employees who retire after November 1, 2016 receive a monthly benefit equal to \$41.50 per month multiplied by total years of participation service.
Early Retirement Eligibility	Age 55 and 10 years of service.
Benefits	An early retiree shall receive a monthly benefit computed in the same manner as a normal retirement benefit but based on years of participation at early retirement. This amount will be reduced by $\frac{1}{2}$ of 1% for each month that the employee's benefit commencement date precedes his normal retirement date.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Preretirement Spouse Benefit

Eligibility

Five years of service.

Benefits

A spouse who survives a vested participant who has not yet retired shall receive a life annuity commencing at the later of the participant's earliest retirement age or the participant's date of death. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death with a 50% joint-and-survivor annuity in effect. The benefit will be unreduced for early retirement.

Disability

Eligibility

Ten years of service and total and permanent disability.

Any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit.

Benefits

A disabled retiree shall receive a monthly benefit computed in the same manner as an early or normal retirement benefit based upon the years of participation at disability retirement, payable the later of the month following the month of disability retirement or the month in which he/she makes written application for the benefit. The monthly benefit will be no less than \$50.

Deferred With Vesting

Eligibility

Five years of service.

Benefit

A vested participant who terminates shall be entitled to receive his accrued benefit according to the normal or early retirement provisions. The accrued benefit is computed in the same manner as a normal retirement benefit, but based on the participant's service at the time of termination.

Normal Form of Benefits

Life annuity. Married employees are assumed to receive the 50% joint-and-survivor option unless they elect otherwise.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Optional Forms of Benefits

Employees may choose one of the following actuarial equivalent forms of payments:

- A reduced monthly benefit payable to the retiree with a percentage (100%, 75%, or 50%) of such amount continued to the contingent annuitant upon the employee's death.
- A reduced monthly benefit payable to the retiree for life with 120 months of guaranteed payments.
- Social Security level income form of payment.

Definitions

Service

A year of service is credited for 1,000 or more hours in a plan year.

Participation Service

A full year of participation service is credited for 2,000 hours in a plan year; between 1,000 and 2,000 hours, one twelfth of a year is credited for each complete 167 hours.

Actuarial Equivalence

For all purposes other than lump sums use 1971 Group Annuity Table and an interest rate of 7%.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Nordson Corporation Pension Investment Trust	Master Trust	\$ 35,650,194	\$ 43,061,442
	Wells Fargo Advantage Government Money Market Fund	33,819 Shares, Money Market Fund	<u>33,819</u>	<u>33,819</u>
			<u>\$ 35,684,013</u>	<u>\$ 43,095,261</u>
*	Party-in-interest to the Plan.			

Schedule SB Attachment (Form 5500)—2018 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of November 1, 2018

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54								1		
55-59								2	9	3
60-64							1	6	5	7
65-69								1		3
70+									1	1

N-40

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of July 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of July 2018), without regard to interest rate stabilization
1st Segment Rate	2.14%
2nd Segment Rate	3.73%
3rd Segment Rate	4.44%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2018 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(f)(2) and IRS Notice 2017-60 based on tables and regulations in effect for years prior to 2018
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2016 Plan Year	6.25%
2017 Plan Year	6.00%
2018 Plan Year	6.00%

Trust Expenses Included in Target Normal Cost

\$73,000. Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

November 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Table 1

Retirement Rates

Age	Rate
60	6.00%
61	5.00%
62	46.00%
63	22.00%
64	11.00%
65	50.00%
66	50.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
16	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
17	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
18	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
19	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
20	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
21	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
22	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%
23	6.45%	6.45%	6.45%	6.45%	6.45%	6.45%
24	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%
25	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%
26	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
27	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
28	4.65%	4.65%	4.65%	4.65%	4.65%	4.65%
29	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%
30	4.35%	4.20%	4.20%	4.20%	4.20%	4.20%
31	4.35%	4.20%	3.90%	3.90%	3.90%	3.90%
32	4.35%	4.20%	3.90%	3.75%	3.60%	3.60%
33	4.35%	4.20%	3.90%	3.75%	3.60%	3.30%
34	4.35%	4.20%	3.90%	3.75%	3.60%	3.15%
35	4.35%	4.20%	3.90%	3.75%	3.60%	2.85%
36	4.35%	4.20%	3.90%	3.75%	3.60%	2.70%
37	4.35%	4.20%	3.90%	3.75%	3.60%	2.55%
38	4.35%	4.20%	3.90%	3.75%	3.60%	2.40%
39	4.35%	4.20%	3.90%	3.75%	3.60%	2.25%
40	4.35%	4.20%	3.90%	3.75%	3.60%	2.10%
41	4.35%	4.20%	3.90%	3.75%	3.60%	1.95%
42	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
43	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
44	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%
46	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
47	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
48	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
49	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
50	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
51	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
52	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
53	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
54	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
55+	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 3

Disability Rates					
Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the retirement age assumption for active participants to better reflect plan experience.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	5.00%	0.9400	2.89
62.5	46.00%	0.8930	25.67
63.5	22.00%	0.4822	6.74
64.5	11.00%	0.3761	2.67
65.5	50.00%	0.3348	10.96
66.5	50.00%	0.1674	5.57
67.5	20.00%	0.0837	1.13
68.5	20.00%	0.0670	0.92
69.5	20.00%	0.0536	0.74
70	100.00%	0.0428	3.00
Weighted Average			63.92

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ☐ ► ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information					
1a Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/01/1970</td> </tr> </table>	1b Three-digit plan number (PN) ►	004	1c Effective date of plan 11/01/1970	
1b Three-digit plan number (PN) ►	004				
1c Effective date of plan 11/01/1970					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORDSON CORPORATION 28601 CLEMENS ROAD WESTLAKE OH 44145	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-0590250</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 440-892-1580</td> </tr> <tr> <td>2d Business code (see instructions) 333200</td> </tr> </table>	2b Employer Identification Number (EIN) 34-0590250	2c Plan Sponsor's telephone number 440-892-1580	2d Business code (see instructions) 333200	
2b Employer Identification Number (EIN) 34-0590250					
2c Plan Sponsor's telephone number 440-892-1580					
2d Business code (see instructions) 333200					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		8/17/20	KATHLEEN M. KENNEDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/17/20	RAYMOND CUSHING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5**

425

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)**

40

a (2) Total number of active participants at the end of the plan year**6a(2)**

36

b Retired or separated participants receiving benefits**6b**

217

c Other retired or separated participants entitled to future benefits**6c**

123

d Subtotal. Add lines 6a(2), 6b, and 6c**6d**

376

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

42

f Total. Add lines 6d and 6e**6f**

418

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B** 3H**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H**

(Financial Information)

(2) ☐**I**

(Financial Information - Small Plan)

(3) ☐**A**

(Insurance Information)

(4) ☒**C**

(Service Provider Information)

(5) ☒**D**

(DFE/Participating Plan Information)

(6) ☐**G**

(Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets								
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,807	\$ -	\$ -	\$ 158,807	\$ 158,807	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,807	\$ -	\$ -	\$ 158,807	\$ 158,807	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	\$ 155,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,302	\$ -	\$ -	\$ 162,302	\$ 162,302	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 158,412	\$ -	\$ -	\$ 158,412	\$ 158,412	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Wells Fargo Advantage Government Money Market Fund		\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ -	\$ 158,705	\$ -	\$ -	\$ 158,705	\$ 158,705	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ -	\$ 159,386	\$ -	\$ -	\$ 159,386	\$ 159,386	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ -	\$ 160,587	\$ -	\$ -	\$ 160,587	\$ 160,587	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
Wells Fargo Advantage Government Money Market Fund		\$ -	\$ 160,587	\$ -	\$ -	\$ 160,587	\$ 160,587	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 161,518	\$ -	\$ -	\$ 161,518	\$ 161,518	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,019	\$ -	\$ -	\$ 162,019	\$ 162,019	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 160,000	\$ -	\$ -	\$ -	\$ 160,000	\$ 160,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,652	\$ -	\$ -	\$ 162,652	\$ 162,652	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ 163,000	\$ -	\$ -	\$ -	\$ 163,000	\$ 163,000	\$ -
	Wells Fargo Advantage Government Money Market Fund	\$ -	\$ 162,326	\$ -	\$ -	\$ 162,326	\$ 162,326	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Nordson Corporation
Hourly-Rated Employees Pension Plan

EIN 34-0590250
Plan Number 004

October 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions of the same issue in excess of 5% of plan assets								
	Wells Fargo Advantage							
	Government Money Market Fund	<u>\$ 1,921,955</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,921,955</u>	<u>\$ 1,921,955</u>	<u>\$ -</u>
	Wells Fargo Advantage							
	Government Money Market Fund	<u>\$ -</u>	<u>\$ 1,934,234</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,934,234</u>	<u>\$ 1,934,234</u>	<u>\$ -</u>

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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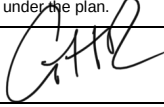
For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Nordson Corporation Hourly-Rated Employees Pension Plan	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nordson Corporation	D Employer Identification Number (EIN) 34-0590250
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a 37,480,754
b Actuarial value	2b 39,664,071
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 254 (2) Vested Funding Target 20,387,813 (3) Total Funding Target 20,387,813
b For terminated vested participants	131 4,596,866 4,596,866
c For active participants	40 6,607,541 6,692,827
d Total	425 31,592,220 31,677,506
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.59%
6 Target normal cost	6 225,162

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	GREGORY H. REYNOLDS 	08/04/2020
	Signature of actuary	Date
GREGORY H. REYNOLDS		2006401
	Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.		216-573-9700
	Firm name	Telephone number (including area code)
5005 ROCKSIDE ROAD		
INDEPENDENCE OH 44131		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	6,866,036
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	6,866,036
10	Interest on line 9 using prior year's actual return of <u>-3.62%</u>	0	-248,551
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		361,907
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.80%</u>		20,991
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c	Total available at beginning of current plan year to add to prefunding balance		382,898
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	6,617,485

Part III	Funding Percentages
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14	Funding target attainment percentage	14	104.32%
15	Adjusted funding target attainment percentage.....	15	125.21%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.73%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			64
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	225,162	
b Excess assets, if applicable, but not greater than line 31a	31b	225,162	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011